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| PO BOX 747 | 'ART KOLASCH 'H, VA 22040-0747 | & BIRCH, LLP | I Si ac tr | nereby certify that th | is Fee(s) Transmittal is bei | ng deposited with the United irst class mail in an envelope s above, or being facsimile date indicated below. |
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| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTO | DR. | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 10/581,495 | 10/581,495 01/26/2007 | | Hisatoshi Shida | 1254-0315PUS1 3821 | | 3821 |
| TITLE OF INVENTION | i: HIGHLY SAFE SMAI | LPOX VACCINE VIRU | IS AND VACCINIA VI | RUS VECTOR | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DU | E PREV. PAID ISSU | E FEE TOTAL FEE(S) DU | E DATE DUE |
| nonprovisional | NO | \$1510 | \$300 | \$0 | \$1810 | 11/12/2009 |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | | | |
| MOSHER, MARY | | 1648 | 424-199100 | | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Birch, Stewart, 2 Kolasch & Birch, LLP | | | |
| 3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI | less an assignee is ident th in 37 CFR 3.11. Comp | | data will appear on the | patent. If an assign a assignment. | | document has been filed for |
| National University Corporation Sapporo-Shi, Japan | | | | | | |
| Hokkaido University Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Ind | | | | | | |
| 4a. The following fee(s) | are submitted: No small entity discount p # of Copiesfour_ | permitted) | th. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form). | | | |
| 5. Change in Entity Sta | itus (from status indicate is SMALL ENTITY stati | | b. Applicant is no l | onger claiming SMA | LL ENTITY status. See 37 | CFR 1.27(g)(2). |
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| Authorized Signature | 1 incl | 1-12-874 (S-18-14) | | Date | NOV 1 0 2009 | |
| Typed or printed name | e Gerald M. | Murphy, Jr. | | Registration ? | No. <u>28,977</u> | |
| an application. Confident submitting the complete this form and/or suggest Box 1450, Alexandria, VAlexandria, Virginia 223 | tiality is governed by 35 d application form to the ions for reducing this bu Virginia 22313-1450. DO 313-1450. | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR | 1.14. This collection is y depending upon the in ne Chief Information Of: COMPLETED FORMS | estimated to take 12 dividual case. Any c icer, U.S. Patent and TO THIS ADDRES | minutes to complete, included omments on the amount of I Trademark Office, U.S. De | and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. or for Patents, P.O. Box 1450, tol number. |